

OUTSTANDING VICTIM ADVOCATE NOMINATION FORM

Attorney General's Award

Montana Crime Victims' Rights Week – April 23-29, 2006

Name of Person Submitting Nomination: _____

Affiliation/Organization: _____

Address: _____

Telephone Number: _____

Please check the area that applies:

____ Volunteer ____ Citizen

____ Paid Professional ____ Other _____

(Please specify)

Name of Nominee: _____

Affiliation/Organization: _____

Address: _____

Nominee's Supervisor or Agency/Program Director: _____

INSTRUCTIONS:

Please attach a brief summary (not to exceed 250 words, double-spaced) explaining why your nominee should be honored. Please include:

- Nominee's specific efforts that benefit crime victims;
- How long nominee has been involved in these efforts;
- Nominee's relationship to your organization or other victim service programs in your community; and
- What makes the nominee's efforts exemplary and beneficial to crime victims in your community or in the State of Montana.

You are encouraged to attach letters supporting your nomination from the various individuals and agencies with whom the nominee works.

Nominations for this year's awards must be received no later than **March 29, 2006**. Send nominations to:

Matthew Dale, Director
Office of Consumer Protection & Victim Services
P.O. Box 201410
Helena, MT 59620-1410

Additional copies of this form are available at www.doj.mt.gov/victims/forms.asp